

Arizona Department of Environmental Quality  
**Drinking Water Synthetic Organic Chemical Analysis Report**  
 \*\*\* Samples To Be Taken At POE Only \*\*\*

System ID \_\_\_\_\_ System Name \_\_\_\_\_  
 \_\_\_\_\_ : \_\_\_\_\_ (24 hr Clock) \_\_\_\_\_  
 Sample Date Sample Time Owner/Contact Person

\_\_\_\_\_  
 Owner/Contact Fax Number Owner/Contact Phone Number

Sample Type  
☐ Compliance Monitoring

Sample Collection Point  
☐ Point of Entry# \_\_\_\_\_

<b>For MCL or Composite Level Exceedance</b> _____ Original Violation Specimen Number Sample Type <input type="checkbox"/> Confirmation-MCL <input type="checkbox"/> Confirmation-Composite
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\_\_\_\_\_  
 Sampling Site ID

**SYNTHETIC ORGANIC CHEMICAL ANALYSIS**

>>>To be filled out by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL	Exceeds Reporting Limit
_____	0.07	.0001	2,4-D	2105	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.05	.0002	2,4,5-TP (Silvex)	2110	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.003	.001	Toxaphene	2020	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	.0002	Alachlor	2051	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.003	.0001	Atrazine	2050	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.04	.0009	Carbofuran	2046	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.001	.00004	Pentachlorophenol	2326	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	.0002	Chlorodane	2959	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0002	.00002	Dibromochloropropane (DBCP)	2931	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.00005	.00001	Ethylene Dibromide (EDB)	2946	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0004	.00004	Heptachlor	2065	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Laboratory Information**

>>>To be filled out by laboratory personnel<<<

Specimen Number \_\_\_\_\_

Lab ID Number \_\_\_\_\_ Name \_\_\_\_\_

Comments: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date Public Water System Notified: \_\_\_\_\_

**All units must be reported in milligrams per liter (mg/L)**

DWAR 3: Revised 2003

Arizona Department of Environmental Quality  
**Drinking Water Synthetic Organic Chemical Analysis Report**  
 \*\*\* Samples To Be Taken At POE Only\*\*\*

System ID \_\_\_\_\_ System Name \_\_\_\_\_  
 \_\_\_\_\_ : \_\_\_\_\_ (24 hr clock)  
 Sample Date \_\_\_\_\_ Sample Time \_\_\_\_\_

**SYNTHETIC ORGANIC CHEMICAL ANALYSIS**

>>>To be filled out by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL	Exceeds Reporting Limit
_____	0.0002	.00002	Heptachlor epoxide	2067	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0002	.00002	Lindane	2010	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0002	.00002	Benzo(a)pyrene	2306	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.2	.001	Dalapon	2031	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.006	.0006	Di(2-ethylhexyl)phthalate	2039	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.4	.0006	Di(2-ethylhexyl)adipate	2035	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.007	.0002	Dinoseb	2041	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	3x10 <sup>-8</sup>	5x10 <sup>-9</sup>	2,3,7,8-TCDD (Dioxin)	2063	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.02	.0004	Diquat	2032	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	.009	Endothall	2033	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	.00001	Endrin	2005	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.7	.006	Glyphosate	2034	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.001	.0001	Hexachlorobenzene	2274	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.05	.0001	Hexachlorocyclopentadiene	2042	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.2	.002	Oxamyl	2036	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.5	.0001	Picloram	2040	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.004	.00007	Simazine	2037	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.04	.0001	Methoxychlor	2015	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.0005	.0001	PCB:Polychlorinated Biphenyls	2383	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.001	.00004	Pentachlorophenol	2326	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Laboratory Information**

>>>To be filled out by laboratory personnel<<<

Specimen Number \_\_\_\_\_

Lab ID Number \_\_\_\_\_ Name \_\_\_\_\_

Comments: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date Public Water System Notified: \_\_\_\_\_

All units must be reported in milligrams per liter (mg/L)

DWAR 3: Revised 2003

**Instructions For Using The Arizona Drinking Water  
Synthetic Organic Chemical Analysis Reporting Form**  
Revised 2003

**SYSTEM ID:** This is a unique 5 digit Public Water Identification (PWSID) number assigned to each public water system by ADEQ.

**SYSTEM NAME:** This should be the legal name which the water system has registered with the Arizona Corporation Commission (ACC). If the system is a municipality or other non ACC regulated entity, this should reflect the legal structure, such as XYZ Water Improvement District. Always notify the Department in writing of any name or ownership change. All water system names need to be listed.

**SAMPLE DATE:** The date the specimen was collected in mm/dd/yy format.

**SAMPLE TIME:** The time the specimen was collected in hh:mm format (24 hr clock time).

**OWNER/CONTACT PERSON NAME:** The first and last name of the owner or owner's representative, (contact person) who should be contacted with sample results. All phone numbers need to be listed.

**OWNER/CONTACT PHONE#:** The daytime phone number of the owner or owner's representative, (contact person) who should be contacted with sample results. All numbers need to be listed.

**SAMPLE TYPE:** The compliance reason for specimen collection. Only the relevant sample types for each contaminant group are provided on the ADEQ forms. Mark only one sample type for form.

**SAMPLE COLLECTION POINT/ID:** The location within the water system where the sample was taken and its assigned identifying number. Point of Entry location-Use this location for synthetic organic chemical samples. Each sample is taken at the "Point-of-Entry into the distribution system" which means the point at which water is discharged into the distribution system from a well, storage tank, pressure tank, or treatment facility. It is after treatment but prior to the first service connection. These three digit numbers are assigned by ADEQ. All POE numbers need to be listed.

**SAMPLING SITE ID:** This is for your convenience so that you may put in an address or other location. This does not need to be completed.

**SPECIMEN NUMBER:** A unique 15 character (max) alphanumeric code that identifies a particular sample used to test one contaminant or one category of contaminants. If reporting on different reporting forms, a different (unique) number is required for each contaminant group and for each report. If the sample analysis results exceed the reporting level, and you are required to take a confirmation sample, this number will be used as the "Original Violating Specimen#" described below.

**FOR MCL EXCEEDENCE ONLY/ORIGINAL VIOLATING SPECIMEN NUMBER:** This is the unique 15 character (maximum length) alphanumeric code that identified the original specific sample that initiated the repeat/confirmation sampling requirement (See SPECIMEN# above). If a MCL value is exceeded, use the specimen id number associated with that MCL value.

**PLEASE MAIL COMPLETED FORM TO:**  
**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**WATER QUALITY COMPLIANCE DATA UNIT**  
**1110 W. WASHINGTON ST.**  
**PHOENIX, AZ 85007**

**NOTE:** These definitions are general in nature. For specific questions regarding your laboratory submittal, please contact the Arizona Department of Environmental Quality (ADEQ) **Water Quality Compliance Section at 1-800-234-5677, ext. 4624, or 602-771-4624.**  
[www.adeq.state.az.us](http://www.adeq.state.az.us) -water quality-safe drinking water-forms reports and guidelines-lab reporting forms-Drinking Water  
*Synthetic Organic Chemical Analysis Report*